

INTRODUCTION

In 2003, women represented 51 percent of the nearly 283 million people residing in the United States. In most age groups, women account for approximately half of the population, with the exception of people 65 years and older; among older Americans, women represent almost 58 percent of the population. The growing diversity of the United States population is reflected in the racial and ethnic distribution of women across age groups. Black and Hispanic women account for 9 and 6 percent of the female population aged 65 and older, respectively, but they represent 16 and 20 percent of females under 15 years of age. Non-Hispanic Whites account for 82 percent of women aged 65 years and older, but only 60 percent of those under 15 years of age.

America's growing diversity underscores the importance of examining and addressing racial and ethnic disparities in health status and the use of health care services. In 2003, 63 percent of non-Hispanic White females reported themselves to be in excellent or very good health, compared to only 53 percent of Hispanic women and 51 percent of non-Hispanic Black women. Minority women are disproportionately affected by a number of diseases and health conditions, including AIDS, diabetes, hypertension, and overweight and obesity. For instance, in



2003 non-Hispanic Black and Hispanic women accounted for more than three-fourths of women with AIDS. In 1999, AIDS was the fifth leading cause of death among women aged 25 to 44 years, but was the third leading cause of death among African American women of the same age. Just over one-third of non-Hispanic White women have ever been tested for the Human Immunodeficiency Virus (HIV), compared to 54 percent of non-Hispanic Black women and 47 percent of Hispanic women.

Diabetes is a chronic condition and a leading cause of death and disability in the United States. It is especially prevalent among non-Hispanic Black women, among whom it occurs at a rate of 91 per 1,000 women, compared to 61 per 1,000 non-Hispanic White women. Hispanic women are also affected at a rate of 61 per 1,000 women, and the lowest rate (47 per 1,000 women) occurs among Asian women. Hypertension, or high blood pressure, is also more prevalent among non-Hispanic Black women than women of other races. This disease occurs among non-Hispanic Black women at a rate of 360 per 1,000 women, compared to 261 per 1,000 non-Hispanic White women and 195 per 1,000 Hispanic women.

Overweight and obesity are occurring at an increasing rate among Americans of all ages and both sexes. Body Mass Index (BMI) is a measure

of the ratio of height to weight, and is often used to determine whether a person's weight is within a healthy range. A BMI of 25.0 or greater is considered overweight, and a BMI of 30.0 or greater is considered obese. In a survey conducted between 1999 and 2002, 27 percent of non-Hispanic Black women were overweight, as were 33 percent of Hispanic women. Obesity follows the same trend, and was most prevalent among non-Hispanic Black women, occurring in 45 percent of that population. Overall, 73 percent of non-Hispanic Black women, 67 percent of Hispanic women, and 56 percent of non-Hispanic White women are considered overweight or obese.

Some conditions, such as arthritis, disproportionately affect White women. In 2003, the rate of arthritis among non-Hispanic White women was 281 per 1,000 women, compared to 239 per 1,000 non-Hispanic Black women and 144 per 1,000 Hispanic women. Mental illness is also more prevalent in non-Hispanic White women than women of other races and ethnicities. The 2002 suicide rate among non-Hispanic White females aged 15 and older was 5.1 per 1,000 women; this was the highest rate of women of any race or ethnicity. American Indian/ Alaska Native women had the second-highest suicide rate (4.1 per 1,000), followed by Asian/ Pacific Islander women (3.0 per 1,000),

Hispanic women (1.8 per 1,000) and Black women (1.6 per 1,000).

Many diseases and health conditions can be avoided or minimized through preventive health care. In 2002, 10.1 percent of physician office visits made by non-Hispanic Black women included a Pap smear to screen for cervical cancer, compared to 7.6 percent of visits made by non-Hispanic White women. Conversely, 5.3 percent of visits by non-Hispanic White women included a mammogram, compared to 4.0 percent of visits made by non-Hispanic Black and Hispanic women.

Health insurance can be an important factor in women's ability to stay healthy by improving access to regular medical care and use of preventive services. In 2003, 45 million Americans were without health insurance (15.6 percent of the population and 14.4 percent of females). Among women, Hispanics are most likely to be uninsured, at 29.6 percent. Asian and Black women also had high rates of uninsurance (18.5 and 17.8 percent, respectively); non-Hispanic White women are least likely to be uninsured (10.4 percent). Non-Hispanic White women were most likely to use an office-based source of care (91 percent), while Hispanic women were least likely to do so (76 percent). Among non-Hispanic Black women, almost 2 percent used an emergency department as their usual source

of care, compared to 0.4 percent of non-Hispanic White women. Among Hispanic women, 20 percent did not have a usual source of care, compared to 8 percent of non-Hispanic White women.

Many behaviors can promote health and help prevent disease and disability. Physical activity is an important lifestyle factor that directly impacts health, yet only 23 percent of non-Hispanic Black women and 22 percent of Hispanic women engaged in the recommended amount of physical activity in 2003. Non-Hispanic White women were the most likely to engage in recommended activity (33 percent). Some forms of contraception, when used properly, can prevent unintended pregnancy and the spread of sexually transmitted diseases (STDs). In 2002, 34 percent of non-Hispanic White women who were using contraception chose the contraceptive pill, making it the most popular form of contraception among that group. Female sterilization was the most common method of contraception among non-Hispanic Black and Hispanic women (used by 39 and 34 percent, respectively). However, these forms of contraception do not prevent the spread of STDs or HIV. Condoms, which can both prevent pregnancy and the spread of STDs, are the primary form of contraception for only 17 percent of non-Hispanic White women, 19 percent

of Hispanic women, and 20 percent of non-Hispanic Black women.

While some behaviors positively impact health status, a number of other behaviors, such as cigarette smoking and drug use, can have the opposite effect. In 2002-2003, 36 percent of non-Hispanic White women reported cigarette use in the past year. Asian women were least likely to report cigarette use (13 percent), followed by Hispanic women (19 percent) and non-Hispanic Black women (25 percent); American Indian/Alaska Native women were most likely to report cigarette use in the past year (52 percent). Binge drinking—five or more drinks on the same occasion—is another behavior that can negatively impact health. Similar to cigarette use, American Indian/Alaska Native women reported the highest rate of past-month binge alcohol use in 2002-2003 (35 percent), followed by non-Hispanic White women (26 percent), non-Hispanic Black women and Hispanic women (19 percent each). Asian women were least likely to report binge alcohol use in the past month (9 percent).

Preventive care during pregnancy is important to the health of both mother and baby. In 2003, 89 percent of non-Hispanic White women began prenatal care in the first trimester, compared to 85 percent of Asian/Pacific Islanders, 77 percent of non-Hispanic Black-

and 76 percent of Hispanics; American Indian/Alaska Native women were least likely to receive first trimester care (71 percent). Breastfeeding positively affects the health of children, and it has been shown to improve maternal health as well. In 2003, Asian women were most likely to breastfeed in the hospital (74 percent), followed by White women (71 percent), and Hispanic women (64 percent); Black women were least likely to do so (48 percent). Behaviors such as smoking and drinking during pregnancy can negatively affect the health of women and their unborn children. In 2002-2003, 18 percent of pregnant women reported cigarette use in the past year with pregnant non-Hispanic White women reporting the highest rate of past-year cigarette use (25 percent). Binge drinking was far less common among pregnant women with only 4 percent reporting it in the past month.

Women's Health USA 2005 can be an important tool for emphasizing the importance of preventive care, counseling, and education, and for illustrating disparities in the health status of women from all age groups and racial and ethnic backgrounds. Health problems can only be remedied if they are recognized, and this data book provides information on indicators that can help us to track the health behaviors, risk factors, and health care utilization practices of women throughout the United States.

